2001 UNIFORM BUSINESS REPORT (UBR) May 24, 2001 8:00 am DOCUMENT # P000000 973 51 Secretary of State 1. Entity Name WARTECH INTERNATIONAL 05-24-2001 90492 012 ***150.00 Mailing Address 20 Is Lr, Not Ave 5/2. 1503 Principal Place of Business 20 Island Ave. Ste. 1503 MIAMI BEACH, FL 33139 553890 MIAMI BEACH, FL 33139 2. Principal Place of Business 3. Mailing Address 189B CORAL 898 Sujte, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE 5/e.C City & State 4. FEI Number Applied For MIAHI FLORIDA *65-1047313* Not Applicable \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent OROZEO EDUARDO IORGE GUEARA ISLAND (P.O. Box Number is Not Acceptable) 5/E. C Ste. 1503 IAMI BEACH, FL 33139 8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida 05:14:01 (NC TE: Registered Agent signature required when reinstating) FILE NOW III FEE IS \$150.00 9. This corporation is eligible to satisfy its Intangible 10. Election Campaign Financing \$5.00 May Be Tax filing requirement and elects to do so. After MAY 1, 2001 Fee will be \$550.00 Trust Fund Contribution. Added to Fees (See criteria on back) Make Check Payable to Department of State 11. OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 12. TITLE Delete Addition TITLE □ Change GEIE RAA Edunado NAME DROZEN NAME 1898 COARL WAY Ste. C. 20 ISLAND AVE. S/e 1503 STREET ADDRESS STREET ADDRESS HIAMI BEACH, CITY-ST-ZIP 33139 CITY-ST-ZIP HIAMI TITLE Delete 5/D TITLE ☐ Change Addition NAME BEANAL - JANNA NAME TINO STREET ADDRESS STREET ADDRESS 1898 5/E. C CORAL WAY CITY-ST-ZIP City-St-7iP TiTLE ☐ Delete ☐ Change - Addition TITLE NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete ☐ Change Addition NAME STREET ADDRESS STREET ADDRESS CITY - ST- ZIP CITY-ST-ZIF TITLE ☐ Delete TITLE ☐ Change ■ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITI F □ Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP 13. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 11 or Block 12 if changed, or on an attachment with an address, with all other like empowered.

05.14.01

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OR SIGNING OFFICER OR DIRECTOR